

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/364362

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		2				
6		2				
7		2				
8		2				
9		2				
10		1				
11		1				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21	1					
22	1					
23	1					
24	1					
25	2					
26	2					
27	2					
28	2					
29	2					
30	1					
31	1					
32	2					
33	2					
34	2					
35	2					
36	1					
37	1					
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48						
49						
50						
TOTAL IND.	4		↓	↓	↓	
TOTAL DEP.	15		←	←	←	
TOTAL CLAIMS	49					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	←	←	
TOTAL CLAIMS						

BEST AVAILABLE COPY